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JUN 17 2005

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47902 7590 03/17/2005

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~~06/20/2005-FFANIA3-00000098 09560012~~

~~-01-FC:1506~~ ~~700.00-OP~~

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Maureen Vieira	(Depositor's name)
<i>Maureen Vieira</i>	(Signature)
<i>June 17, 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/560,012	04/27/2000	Timothy A. M. Chuter	ENDOV-51200	2752

TITLE OF INVENTION: MODULAR BIFURCATED GRAFT FOR ENDOVASCULAR ANEURYSM REPAIR

~~Adjustment date: 06/21/2005 HBERKE1~~

~~06/20/2005-FFANIA3-00000098-09560012~~

~~-01-FC:1506~~ ~~700.00-OP~~

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400 <i>700</i>	06/17/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SNOW, BRUCE EDWARD	3738	623-001350			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

William G. Lane

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2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

06/21/2005 HBERKE1 00000184 09560012

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *William G. Lane*

Date *June 13, 2005*

Typed or printed name *William G. Lane*

Registration No. *24,761*

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